

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

ATTACHMENT	TITLE
J-1	Department of Labor Wage Determination Number/Area
J-2	Summary Sheet for Cumulative Target NAICS SDB Data by Category
J-3	Department of The Treasury Small, HUBZone Small, Small Disadvantaged, Women-Owned Small, Veteran-Owned Small Business, Service Disabled Veteran Owned Small Business Concerns, & NISH Organizations Subcontracting Plan Outline
J-4	Present and Past Performance Information

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J-1: Department of Labor Wage Determination and Area

CCO	STATE(S)	DOL WD NO.	REVISION NO.	DATE
Andover	Massachusetts	94-2257	18	8/27/2003
Atlanta	Georgia	94-2133	23	5/30/2003
Austin	Texas	94-2503	19	5/30/2003
Brookhaven	New York	94-2373	22	8/29/2003
Cincinnati	Indiana, Kentucky, Ohio	94-2413	20	6/18/2003
Fresno	California	94-2045	20	8/26/2003
Kansas City	Kansas, Missouri	94-2307	26	8/29/2003
Memphis	Arkansas, Kentucky, Mississippi, Tennessee	94-2495	24	7/29/2003
Ogden	Utah	94-2531	24	9/30/2003
Philadelphia	New Jersey, Pennsylvania	94-2449	17	6/5/2003

Note: Department of Labor Wage Determinations Attached.

	POSITION TITLE	PP	GD	TOTAL	GS Step 1 (Hourly Rate)	DOL #	DOL JOB TITLE
1	CLERK	GS	03	41	9.18	1117	General Clerk III
2	CLERK	GS	04	140	10.31	1118	General Clerk IV
3	CLERK	GS	05	9	11.54	1118	General Clerk IV
4	CLERK (OA)	GS	05	3	11.54	1118	General Clerk IV
5	DATA TRANSCRIBER	GS	04	1	10.31	1312	Secretary II
6	FILE CLERK	GS	02	8	8.42	1116	General Clerk II
7	FILE CLERK	GS	03	556	9.18	1117	General Clerk III
8	FILE CLERK	GS	04	132	10.31	1118	General Clerk IV
9	FILES ASST	GS	07	1	14.29	1118	General Clerk IV
10	FILES SPECIALIST	GS	06	1	12.86	1118	General Clerk IV
11	LABORER	WG	02	14	N/A	21040	Material Handling Laborer
12	LEAD CLERK	GS	02	1	8.42	1116	General Clerk II
13	LEAD CLERK	GS	03	1	9.18	1117	General Clerk III
14	LEAD CLERK	GS	05	17	11.54	1118	General Clerk IV
15	LEAD CLERK	GS	06	2	12.86	1118	General Clerk IV
16	LEAD MAIL & FILE CLK	GS	04	49	10.31	1118	General Clerk IV
17	LEAD MAIL & FILE CLK	GS	05	29	11.54	1118	General Clerk IV
18	MAIL & FILE CLERK	GS	03	54	9.18	1117	General Clerk III
19	MAIL & FILE CLERK	GS	04	60	10.31	1118	General Clerk IV
20	MAIL & FILE CLERK	GS	05	7	11.54	1118	General Clerk IV

SECTION J-1 DEPARTMENT OF LABOR WAGE DETERMINATION AND AREA

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	POSITION TITLE	PP	GD	TOTAL	GS Step 1 (Hourly Rate)	DOL #	DOL JOB TITLE
21	MAIL CLERK	GS	04	14	10.31	1118	General Clerk IV
22	MGMT/PROG ASST (OA)	GS	07	2	14.29	1118	General Clerk IV
23	PROGRAM ANALYST	GS	09	1	17.48	N/A	N/A
24	SECRETARY	GS	05	1	11.54	1312	Secretary II
25	SECRETARY	GS	06	11	12.86	1313	Secretary III
				1155			

NOTES:

Federal hires on General Schedule pay rate currently performing duties falling under Department of Labor (DOL) Directory of Occupation wage grade labor categories

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS**J-2: Summary Sheet for Cumulative Target NAICS SDB Data by Category**

(Note: All Summary Data shown on this sheet must reflect data for Base Year Performance and all option years.)

SUMMARY DATA:

Category I - Prime Contractor Target NAICS SDB Costs:	
Total Estimated Dollar Value of Category I Costs in Target NAICS Codes	\$ _____
% of Total Estimated Contract Costs	_____%
Category II - Joint Venture/Partnerships/Team Members Target NAICS SDB Costs:	
Total Dollar Value of Category II Costs In Target NAICS Codes	\$ _____
% of Total Estimated Contract Costs	_____%
Category III - Subcontractor(s) Target NAICS(s) SDB Costs:	
Total Dollar Value of Category III Costs In Target NAICS Codes	\$ _____
% of Total Estimated Contract Costs	_____%
Total Estimated Dollar Value of Category I, Category II, and Category III costs shown above	\$ _____
The total of Category I, Category II, and Category III costs shown above represent _____% of total Estimated Contract Costs	_____%

SECTION J-2 SUMMARY SHEET OF CUMULATIVE TARGET

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J.3 DEPARTMENT OF THE TREASURY SMALL, HUBZone SMALL, SMALL DISADVANTAGED, WOMEN-OWNED SMALL, VETERAN-OWNED SMALL BUSINESS, SERVICE DISABLED VETERAN OWNED SMALL BUSINESS CONCERNS, & NISH ORGANIZATIONS SUBCONTRACTING PLAN OUTLINE

The following outline meets the minimum requirements of Public Law 95-507 and the Federal Acquisition Regulation (FAR) Subparts 19.7. It is intended to be a guideline. It is not intended to replace any existing corporate plan which is more extensive. If assistance is needed to locate small business sources, contact the Director, Office of Small Business Programs (202) 622-0530 or the bureau Small Business Specialist, Jodie Paustian, (202) 283-1199. Please note that the Department of the Treasury has subcontracting goals of 41% for small business, 3% for HUBZone small business, 5% for small disadvantaged business, 5% for women-owned small business, 3% for Service Disabled Veteran-Owned small business concerns, and 1% for NISH organizations for fiscal year 2003. For this procurement, the Department of the Treasury expects all proposed subcontracting plans to contain the following goals, at a minimum, for small business 41%, for HUBZone small business concerns 3%, for small disadvantaged business concerns 5%, for women-owned small business concerns 5%, for Service Disabled Veteran-Owned small business concerns 3%, and for NISH organizations 1%. Although there is no statutory goal for Veteran-Owned small business (VOSB) concerns, a VOSB goal must be proposed in accordance with FAR 19.7 and should represent the offeror's effort to provide the maximum practicable subcontracting opportunities for VOSBs. These percentages shall be expressed as percentages of the total available subcontracting dollars.

Identification Data: Company Name: _____

Address: _____

Date Prepared: _____ Solicitation Number: _____

Item/Service: _____

Place of Performance: _____

1. TYPE OF PLAN: (Check only one).

_____ INDIVIDUAL PLAN: In this type of plan all elements are developed specifically for this contract and are applicable for the full term of this contract.

_____ MASTER PLAN: In this type of plan, goals are developed for this contract; all other elements are standard. The master plan must be approved every three (3) years. Once incorporated into a contract with specific goals, it is valid for the life of the contract.

_____ COMMERCIAL PLAN: This type of plan is used when the contractor sells products and services customarily used for nongovernmental purposes. Plan/goals are negotiated with the initial agency on a company-wide basis

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rather than for individual contracts. The plan is effective only during year approved. The contractor must provide a copy of the initial agency approval, AND MUST SUBMIT AN ANNUAL SF 295 TO TREASURY WITH A BREAKOUT OF SUBCONTRACTING PRORATED FOR TREASURY (WITH A BUREAU BREAKDOWN, IF POSSIBLE).

2. GOALS:

FAR 19.704(a)(1) requires separate dollar and percentage goals for using small business concerns, HUBZone small business concerns, small disadvantaged business concerns, women-owned small business, veteran-owned small business, and service disabled veteran-owned small business concerns as subcontractors for the base year and each option year. (Please note that the goals for HUBZone small business, small disadvantaged business, women-owned small business, veteran-owned small business, and service disabled veteran-owned small business concerns are sub-sets of the small business goal).

A. Estimated dollar value of all planned subcontracting, i.e., to all types of business concerns under this contract is:

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

B. Estimated dollar value* and percentage of planned subcontracting to small business concerns is:

(*This figure includes the amount in C., D., E., F., G., and H. below.)

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____ %	_____ %	_____ %	_____ %	_____ %

C. Estimated dollar value and percentage of planned subcontracting to HUBZone small business concerns is:

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____ %	_____ %	_____ %	_____ %	_____ %

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D. Estimated dollar value and percentage of planned subcontracting to small disadvantaged business concerns is:

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____ %	_____ %	_____ %	_____ %	_____ %

E. Estimated dollar value and percentage of planned subcontracting to small women-owned business concerns is:

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____ %	_____ %	_____ %	_____ %	_____ %

F. Estimated dollar value and percentage of planned subcontracting to veteran-owned small business concerns is:

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____ %	_____ %	_____ %	_____ %	_____ %

G. Estimated dollar value and percentage of planned subcontracting to service disabled veteran-owned small business concerns is:

<u>FY_</u> <u>BASE</u>	<u>FY_</u> <u>1ST OPTION</u>	<u>FY_</u> <u>2ND OPTION</u>	<u>FY_</u> <u>3RD OPTION</u>	<u>FY_</u> <u>4TH OPTION**</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____ %	_____ %	_____ %	_____ %	_____ %

H. Estimated dollar value and percentage of planned subcontracting to NISH organizations is:

FILES ACTIVITY TIRNO-04-R-00009

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FY_ BASE	FY_ 1ST OPTION	FY_ 2ND OPTION	FY_ 3RD OPTION	FY_ 4TH OPTION**
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
%	%	%	%	%

****IF ANY CONTRACT HAS MORE THAN FOUR OPTIONS, PLEASE ATTACH ADDITIONAL SHEETS SHOWING DOLLAR AMOUNTS AND PERCENTAGES.**

I. Supplies and/or services to be subcontracted under this contract, business size (i.e., SB, HUBZone, SDB, WOB, VOSB, SDVOSB, and LB), and the estimated dollar expenditure, are: (Check all that apply).

SUPPLY/ SERVICE	COMPANY NAME (IF KNOWN)	BUSINESS SIZE (SB, HUBZone, SDB, WOB, VOSB, SDVOSB, LB)	DOLLAR AMOUNT
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[illegible]

_____ (Attach additional sheets if necessary.)

J. Explain the methods used to develop the subcontracting goals for small, HUBZone small business, small disadvantaged, women-owned small business, veteran-owned small business, and service disabled veteran-owned small business concerns. Explain how the product and service areas to be subcontracted were established, how the areas to be subcontracted to small, HUBZone small business, small disadvantaged, women-owned small, veteran-owned small business, and service disabled veteran-owned small businesses were determined, and how the capabilities of small, HUBZone small, small disadvantaged, women-owned small, veteran-owned and

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service disabled veteran-owned small businesses were determined. Identify all source lists used in the determination process.

K. Indirect and overhead costs _____ HAVE BEEN
_____ HAVE NOT BEEN
included in the dollar and percentage subcontracting goals stated above. (Check one.)

L. If indirect and overhead costs HAVE BEEN included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, HUBZone small, small disadvantaged, women-owned small, veteran-owned, and service disabled veteran-owned small business concerns.

3. PLAN ADMINISTRATOR:

FAR 19.704(a)(7) requires information about the company employee who will administer the subcontracting program. Please provide the name, title, address, phone number, position within the corporate structure and the duties of that employee.

Name:

Title:

Address:

Telephone:

Fax:

E:mail Address:

Position:

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Duties: Does the individual named above perform the following? (If NO is checked, please indicate who in the company performs those duties, or indicate why the duties are not performed in your company).

- A. Developing and promoting company/division policy statements that demonstrate the company's/division's support for awarding contracts and subcontracts to small, HUBZone small, small disadvantaged, women-owned small, veteran-owned, and service disabled veteran-owned small business concerns.
_____YES _____NO
- B. Developing and maintaining bidders' lists of small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns from all possible sources.
_____YES _____NO
- C. Ensuring periodic rotation of potential subcontractors on bidders' lists.
_____YES _____NO
- D. Assuring that small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small businesses are included on the bidders' list for every subcontract solicitation for products and services they are capable of providing.
_____YES _____NO
- E. Ensuring that subcontract procurement "packages" are designed to permit the maximum possible participation of small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small businesses.
_____YES _____NO
- F. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business participation.
_____YES _____NO
- G. Ensuring that the subcontract bid proposal review board documents its reasons for not selecting any low bids submitted by small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns.
_____YES _____NO

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- H. Overseeing the establishment and maintenance of contract and subcontract award records.
_____YES _____NO
- I. Attending or arranging for the attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
_____YES _____NO
- J. Directly or indirectly counseling small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns on subcontracting opportunities and how to prepare responsive bids to the company.
_____YES _____NO
- K. Providing notice to subcontractors concerning penalties for misrepresentations of business status as small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, or service disabled veteran-owned small business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the contractor's subcontracting plan.
_____YES _____NO
- L. Conducting or arranging training for purchasing personnel regarding the intent and impact of Public Law 95-507 on purchasing procedures.
_____YES _____NO
- M. Developing and maintaining an incentive program for buyers which support the subcontracting program.
_____YES _____NO
- N. Monitoring the company's performance and making any adjustments necessary to achieve the subcontract plan goals.
_____YES _____NO
- O. Preparing and submitting timely reports.
_____YES _____NO
- P. Coordinating the company's activities during compliance reviews by Federal agencies.
_____YES _____NO

4. EQUITABLE OPPORTUNITY**Attachment J-3 SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE**

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FAR 19.704(a)(8) requires a description of the efforts your company will make to ensure that small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns will have an equitable opportunity to compete for subcontracts. (Check all that apply.)

A. Outreach efforts to obtain sources:

- ☐ Contacting minority and small business trade associations
- ☐ Contacting business development organizations
- ☐ Attending small and minority business procurement conferences and trade fairs
- ☐ Finding sources from the Small Business Administration's Procurement Network (ProNet)

B. Internal efforts to guide and encourage purchasing personnel:

- ☐ Presenting workshops, seminars and training programs
- ☐ Establishing, maintaining and using small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business source lists, guides and other data for soliciting subcontracts
- ☐ Monitoring activities to evaluate compliance with the subcontracting plan

C. Additional efforts: (Please describe.)

5. CLAUSE INCLUSION AND FLOW DOWN

FAR 19.704(a)(9) requires that your company include FAR 52.219-8, "Utilization of Small Business Concerns", in all subcontracts that offer further subcontracting opportunities. Your company must require all subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) to adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan."

Your company agrees that the clause will be included and that the plans will be reviewed against the minimum requirements for such plans. The acceptability of percentage goals for small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns

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must be determined on a case-by-case basis depending on the supplies and services involved, the availability of potential small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business subcontractors and prior experience. Once the plans are negotiated, approved, and implemented, the plans must be monitored through the submission of periodic reports, including Standard Form (SF) 294 and SF 295 reports.

6. REPORTING AND COOPERATION

FAR 19.704(a)(10) requires that your company (1) cooperate in any studies or surveys as may be required, (2) submit periodic reports which show compliance with the subcontracting plan; (3) submit Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and SF 295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensure that subcontractors agree to submit SF 294 and SF 295. The cognizant contracting officer of the Treasury bureau must receive the report(s) within 30 days after the close of each calendar period. That is:

<u>Calendar Period</u>	<u>Report Due</u>	<u>Date Due</u>	<u>Send Report To</u>
10/01--03/31	SF294	4/30	IRS Contracting Officer&OSBDU
04/01--09/30	SF 294	10/30	IRS Contracting Officer&OSBDU
10/01--09/30	SF 295	10/30	IRS Contracting Officer&OSBDU

NOTE: A copy of the 295 report must also be sent to the Director, Office of Small Business Development, Department of the Treasury. The address is as follows:

Department of the Treasury
Attn: Director, Office of Small
Business Development
1500 Pennsylvania Avenue, N.W.
Mail Code 655 15th/6099
Washington, DC 20220

7. RECORDKEEPING

FAR 19.704(a)(11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. (Check all that apply.) (If NO is checked, please indicate why these types of records are not maintained).

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- A. Small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concern source lists, guides, and other data identifying such vendors.
_____ YES _____ NO
- B. Organizations contacted for small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business sources.
_____ YES _____ NO
- C. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000 which indicate for each solicitation (1) whether small business concerns were solicited, and if not, why not; (2) whether HUBZone small business concerns were solicited, and if not, why not; (3) whether small disadvantaged business concerns were solicited, and if not, why not; (4) whether women-owned small business concerns were solicited, and if not, why not; (5) whether veteran-owned small business concerns were solicited, and if not, why not; (6) whether service disabled veteran-owned small businesses were solicited, and if not, why not; and (7) reasons for the failure of solicited small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns to receive the subcontract award.
_____ YES _____ NO
- D. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conference and trade fairs.
_____ YES _____ NO
- E. Records to support internal activities to (1) guide and encourage purchasing personnel, e.g., workshops, seminars, training programs, incentive awards; and (2) monitor activities to evaluate compliance.
_____ YES _____ NO
- F. On a contract-by-contract basis, records to support subcontract award data including the name, address and business size and ownership status (HUBZone, SDB, WOB, VOSB, SDVOSB, etc.) of each subcontractor. (This item is not required for company or division-wide commercial plans.)
_____ YES _____ NO
- G. Other records to support your compliance with the subcontracting plan: (Please describe)

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8. TIMELY PAYMENTS TO SUBCONTRACTORS

FAR 19.702 requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontracts with small business concerns, HUBZone small business concerns, small disadvantaged business concerns, women-owned small business concerns, veteran-owned small business concerns, and service disabled veteran-owned small business concerns.

Your company has established and uses such procedures:

_____YES

_____NO

9. DESCRIPTION OF GOOD FAITH EFFORT

Maximum practicable utilization of small, HUBZone small, small disadvantaged women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. When a contractor fails to make a good faith effort to comply with a subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d)(4)(F) directs that liquidated damages shall be paid by the contractor. In order to demonstrate your compliance with a good faith effort to achieve the small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business subcontracting goals, **outline the steps your company plans to take**. These steps will be negotiated with the contracting officer prior to approval of the plan.

10. SIGNATURES REQUIRED

This subcontracting plan was SUBMITTED by:

Signature:

Typed Name:

Title:

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Date:

This subcontracting plan was REVIEWED by:

Signature:

Typed Name:

Title: Contracting Officer

Date:

This subcontracting plan was REVIEWED by:

Signature:

Typed Name:

Title: Small Business Specialist

Date:

This subcontracting plan was REVIEWED by:

Signature:

Typed Name:

Title: Small Business Administration Representative

Date:

This subcontracting plan was APPROVED by:

Signature:

Typed Name:

Title: Director, Office of Small Business Programs (or designee)

Date:

This subcontracting plan was ACCEPTED by:

Signature:

Typed Name:

Title: Contracting Officer

Date:

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Section J.4 PRESENT AND PAST PERFORMANCE QUESTIONNAIRE
TIRNO-03-R-

_____ is currently responding to a Department of the Treasury, Internal Revenue Service for an A-76 Competitive Sourcing Requirement for Files Activity to provide support services. Present and Past Performance is an extremely important part of the evaluation for this acquisition, so your input is very important. Please complete the questionnaire and FAX (202) 283-1290 or e-mail to Charles.J.Conrad@irs.gov. If you have any questions please call Charles J. Conrad (202) 283-1418.

PART TWO: GENERAL INFORMATION:

1. Was the contractor a () Prime or () Sub-contractor
CONTRACTOR'S NAME AND ADDRESS
ORGANIZATION

2. CUSTOMER

3. CONTRACT NUMBER: _____

2a. EVALUATOR

4. CONTRACT VALUE (Circle One):

NAME: _____

<\$1 million

>\$5 million

>\$20 mil.

TITLE: _____

PHONE NO: _____

5. CONTRACT AWARD DATE:

6. CONTRACT COMPLETION DATE:

_____/_____/_____

_____/_____/_____

7. CONTRACT TYPE (Circle All That Apply):

8. COMPLEXITY OF WORK
(Circle One Response):

FP CPFF CPAF OTHER

DIFFICULT or
ROUTINE

9. BRIEF DESCRIPTION OF YOUR CONTRACT REQUIREMENTS:

PART THREE: OFFEROR PERFORMANCE RATING

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On the following pages, please summarize the offeror's performance in each rating factors. Each factor has a set of sub factors with four possible adjectival ratings. Determine the adjectival rating that most nearly represents your experience with this offeror and indicate your assessment by placing an "X" under the appropriate heading.

Offeror performance factors are:

- A. TECHNICAL CAPABILITY
- B. QUALITY OF SERVICES/REPORTS
- C. PROJECT MANAGEMENT - RESOURCE ALLOCATION
- D. TIMELINESS OF PERFORMANCE
- E. COST EFFECTIVENESS

Adjectival ratings are defined below and should be used as a reference in assessing performance:

PASS: Offeror's performance met or exceeded expectations of all contract requirements. Minimal potential risk and/or lack of customer satisfaction anticipated.

FAIL: Offeror's performance did not meet customer expectations of most contract requirements. Poses significant potential risk and degradation of performance anticipated.

NEUTRAL: Offeror has no relevant present and past performance available for evaluation. SP has asserted that it has no directly related or similar present and past performance experience. Proposal receives no merit or demerit for this factor.

A	Technical Capability	Pass	Fail	Neutral
	How would you rate the contractor's knowledge and understanding of records management services?			
B	Quality of Service	Pass	Fail	Neutral
1	How would you rate the contractor's performance in terms of efficiency, accuracy and completeness of work?			
2	How would you rate the accuracy, comprehensiveness, and clarity of the contractor's reports and documentation?			

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	Includes SF 294/5 reports.			
C	Project Management	Pass	Fail	Neutral
1	How would you rate the contractor's preparedness to begin work on the effective date of the contract?			
2	How would you rate the contractor's management under this contract?			
3	How would you rate the contractor's overall project management?			
4	How would you rate the contractor's performance in identifying and resolving contract performance problems without guidance from the customer?			
5	How would you rate the effectiveness of the contractor's quality control procedures?			
6	How would you rate the effectiveness of contractor employee training under this contract?			
7	How would you rate the contractor's ability to hire qualified individuals and retain a qualified and stable workforce?			
8	How would you rate the contractor's ability to hire replacement personnel in a timely manner?			
9	How effective was the contractor in understanding and			

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

	responding to user requirements			
D	Timeliness of Performance	Pass	Fail	Neutral
	How would you rate the contractor's performance in meeting timeliness requirements?			
E	Cost Effectiveness	Pass	Fail	Neutral
	How would you rate the contractor's performance in meeting the cost estimate?			

PART THREE: OFFEROR PERFORMANCE RATING CONTINUED

1. Has this contract been partially or completely terminated for default or convenience?

YES _____ Default ____ Convenience _____
 NO _____

If yes, please explain (e.g. inability to meet cost, performance, or delivery schedules - also include contract number, name, address, and phone number of Terminating Contracting Officer - TCO).

2. What was the contractor's greatest strength in the performance of the contract?

3. What was the contractor's greatest weakness in the performance of the contract?

4. Would you award another contract to this contractor?

YES _____ No _____

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

COMMENTS:

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

PART FOUR: EVALUATOR'S CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EVALUATOR

TITLE OF EVALUATOR

DATE

Mr. Conrad:

We are currently participating as a (subcontractor / teaming partner) with (offeror) in responding to Department of the Treasury, Internal Revenue Service Request for Proposal TIRNO-04-R-00009 for Files Activity services under A-76 study.

We understand that the Government is placing increased emphasis on present and past performance in order to obtain best value in source selections. In order to facilitate the performance confidence assessment process, we are signing this consent form in order to allow you to discuss our present and past performance information with the prime contractor during the source selection process.

(Signature and Title of individual who has the authority to sign for and legally bind the company)

Company Name:

Address:

DUNS:

Phone Number and Fax Number:

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

Sample: Cover Letter for Present and Past Performance References

Dear (Client):

We are currently responding to the Department of the Treasury, Internal Revenue Service Request For Proposal TIRNO-04-R- 00009 for the procurement of Files Activity services under an A-76 Study.

As you know, an offeror's present/past performance has become an element of increased emphasis in Federal Government acquisitions. The Government is requesting that clients of companies who submit proposals in response to this RFP be contacted, and that clients provide performance information based on their experiences with the offeror. We, therefore, respectfully request and hereby authorize you to complete the attached Questionnaire with regards to work we have performed for you, specifically under contract number (fill-in). Forward the completed questionnaire directly to the Government Point of Contact at the following address with the note as indicated:

Internal Revenue Service
Competitive Sourcing Acquisitions
ATTN: Charles J. Conrad II
6009 Oxon Hill Rd,
Oxon Hill MD 20745
Reference: Present/Past Performance Evaluation

NOTE: TO BE OPENED BY ADDRESSEE ONLY SOURCE SELECTION
INFORMATION – See FAR 2.102 and 3.104 FOR OFFICIAL USE ONLY

The Government must receive this Questionnaire no later than September 30, 2004 at 3:00 P. M. EST.

We have identified Mr./Ms. (Name) and/or Mr./Ms. (Name) of your organization as the points of contact based on their knowledge concerning our work. While we will be given an opportunity to reply to any negative information reported, the Government will not reveal the name of the person who completed the Questionnaire. Your cooperation in this matter is appreciated. Any questions may be directed to the following Government official: Charles J. Conrad, II (202) 283-1418.

Sincerely,
[OFFEROR'S POINT OF CONTACT]

Attachments:

1. Present/Past Performance Verification / Fact Finding Questionnaire